Attn Stacie
Sleep center
1135 116th ave NE
Ste 400
Bellvue Wa 98004

NORTHWEST SPECIALTY HOSPITAL

Northwest Center for Sleep Medicine

1593 East Polston Avenue
Post Falls, Idaho 83854

Phone: 208-262-2379
Fax: 208-262-2318

Attn Melinda RN

Attended Polysomnography Report

Attended Polysomnography with End Tidal CO2 Monitoring Report

PATIENT NAME: [redacted]
MRN: [redacted]
DOB: [redacted]
Date of Visit: 04/19/2012
Physician: James P. Osmanski II, D.O.

I. HISTORY: This is an [redacted]-year-old girl with a body mass index of 20.6 with complaints of excessive daytime sleepiness, difficulty initiating and maintaining sleep, and difficulty concentrating throughout the day. The patient presents accompanied by her mother. The patient suffers from Arnold-Chiari Malformation, and Syringomyelia. She is status post adenotonsillectomy and does not snore. She has restless legs and restless arms and apparently has had frequent onset of headaches 2-3 times per week. Her usual sleep period extends from 2000 to 0700 hours. Her Epworth Sleepiness Scale score is not provided.

II. MEDICATIONS: Diazepam.

III. REPORT:

1. SLEEP ARCHITECTURE: The patient took no medications at lights out. Sleep period extended from 2118 to 0559 hours. The patient spent 461 minutes in bed with a total sleep time of 442 minutes. Sleep efficiency was increased at 96%. Sleep onset latency was normal at 15 minutes. Latency to REM sleep was prolonged at 220 minutes. The patient spent 4 minutes awake after sleep onset. Of the portion of the polysomnogram represented by sleep, N1 sleep represented 2% of sleep, N2 sleep 51.8% of sleep, N3 sleep 23.1% of sleep, and R sleep 23.1% of sleep. Alpha intrusion was noted throughout the study, in both N2 and N3 sleep. No unusual behavioral observations were made. The patient had 45 arousals, including 36 spontaneous, 7 limb associated, and 2 respiratory arousals. Additionally, there were 3 full awakenings.

2. RESPIRATORY EVENTS: There were 4 respiratory events recorded. There were 2 central apneas and 2 hypopneas. The hypopneas were obstructive in etiology. There were no respiratory effort related arousals. The apnea index was 0.3/h, hypopnea index 0.3/h, apnea-hypopnea index (AHI) 0.5/h, and respiratory disturbance index (RDI) 0.5/h.

3. SNORING: Snoring was rated a 2 on a scale of 1 to 10.

4. BODY POSITION SUMMARY: Sleep time was spent split between the patient's back at 56.5%, the left side at 27.4%, the right side at 15.8%, and prone position at 0.2 of the study. The AHI while the patient was in supine position was 1.0/h, and was 0/h in all other positions.

5. CARDIAC DATA: The patient's resting heart rate was 85 beats per minute. The steady state heart rate level of sleep was 73 beats per minute. The underlying rhythm was normal sinus. No dysrhythmias were noted.

6. MOVEMENT SUMMARY: There were 56 periodic limb movements (PLM) seen, 3 of which caused an arousal. The PLM index was 7.6/h and the PLM arousal index was 0.4/h.

7. OXIMETRY DATA: The patient's room air rest saturation while awake was 96%. There was some artifact seen, but the saturation remained above 90% throughout the entire study, excluding artifact.

Dr. e ... Thus
May 14th
May 15th
June 7th

206-987-8943

206-987-5073 option #2
Fax referral to: Staci

206-987-8943
Melinda - 206-987-5073 option #4

8am

Daytime post study

8. CPAP TITRATION REPORT: The patient did not meet sleep center criteria for split night polysomnography.

9. END TIDAL CO2 MONITORING: The patient's End Tidal CO2 was greater than 40 mmHg. For 422 minutes, greater than 47 mmHg, for 4.4 minutes, and at no time was greater than 50. These are normal values.

10. BEHAVIORAL OBSERVATIONS: The patient's subjective sleep onset latency, as recorded by her mother, was 15 minutes. She felt that this was shorter than usual. She felt that her sleep in the laboratory was the same as usual.

IV. IMPRESSION:
1. Relatively normal sleep architecture for the patient's age. The sole unusual finding was that of apparent alpha intrusion noted throughout both N2 and N3 sleep. This may sometimes be caused by pain. Clinical correlation is required. There were no other unusual behavioral observations.
2. Mild to moderate snoring noted intermittently during the study.
3. No significant obstructive sleep apnea with an apnea index of 0.3/h (normal less than 1.0/h), an apnea hypopnea index of 0.5/h (normal less than 1.5/h), with a saturation that appeared to be greater than 90% throughout the entire study.
4. No periodic limb movement activity seen during this night of study.

James P. Osmanski II, D.O./kv
Diplomate, American Board of Sleep Medicine

D&T Dictated: 04/22/2012 (21:49 p.m.)
D&T Transcribed: 04/23/2012 (09:30 a.m.)

Cc: Dr. Ronda Westcott

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Attended Polysomnography Report

Attended Polysomnography with End Tidal CO2 Monitoring Report
Addendum (05/02/2012 History addendum)

PATIENT NAME: [redacted]
MRN: [redacted]
DOB: [redacted]
Date of Visit: 04/19/2012
Physician: James P. Osmanski II, D.O.

I. HISTORY: This is an [redacted]-year-old girl with a body mass index of 20.6 with complaints of excessive daytime sleepiness, difficulty initiating and maintaining sleep, and difficulty concentrating throughout the day. The patient presents accompanied by her mother. The patient suffers from Arnold-Chiari Malformation, and Syringomyelia. The patient's tonsils are intact. She does not snore. She has restless legs and restless arms and apparently has had frequent onset of headaches 2-3 times per week. Her usual sleep period extends from 2000 to 0700 hours. Her Epworth Sleepiness Scale score is not provided.

II. MEDICATIONS: Diazepam.

III. REPORT:
1. SLEEP ARCHITECTURE: The patient took no medications at lights out. Sleep period extended from 2118 to 0559 hours. The patient spent 461 minutes in bed with a total sleep time of 442 minutes. Sleep efficiency was increased at 96%. Sleep onset latency was normal at 15 minutes. Latency to REM sleep was prolonged at 220 minutes. The patient spent 4 minutes awake after sleep onset. Of the portion of the polysomnogram represented by sleep, N1 sleep represented 2% of sleep, N2 sleep 51.8% of sleep, N3 sleep 23.1% of sleep, and R sleep 23.1% of sleep. Alpha intrusion was noted throughout the study, in both N2 and N3 sleep. No unusual behavioral observations were made. The patient had 45 arousals, including 36 spontaneous, 7 limb associated, and 2 respiratory arousals. Additionally, there were 3 full awakenings.

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Diplomate, American Board of Sleep Medicine

Date 4/24/12 Time

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Cc: Dr. Ronda Westcott